

Please type a plus sign (+) inside this box →

PTO/SB/05 (2/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

TRANSMITTAL
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	OCA-176-A
First Inventor or Application Identifier	Nagai et al.
Title	Air Bag Deployment Control System
Express Mail Label No.	ET 986050553 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- PATENT OFFICE
 WASHINGTON, DC 20535
 17853
 10/6/14

1. ☐ Fee Transmittal Form (e.g., PTO/SB/37)
 (Submit an original and a duplicate for fee processing)

2. ☒ Specification [Total Pages 13]
 (preferred arrangement set forth below)

 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 5]

4. Oath or Declaration [Total Pages]

a. ☐ Newly executed (original or copy)

b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
 (for continuation/divisional with Box 17 completed)
 [Note Box 5 below]

i. ☐ DELETION OF INVENTOR(S)
 Signed statement attached deleting
 inventor(s) named in the prior application,
 see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Incorporation By Reference (useable if Box 4b is checked)
 The entire disclosure of the prior application, from which a
 copy of the oath or declaration is supplied under Box 4b, is
 considered to be part of the disclosure of the accompanying
 application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission
 (if applicable, all necessary)

a. ☐ Computer Readable Copy

b. ☐ Paper Copy (identical to computer copy)

c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))

9. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney
 (when there is an assignee)

10. ☐ English Translation Document (if applicable)

11. ☒ Information Disclosure ☒ Copies of IDS
 Statement (IDS)/PTO-1449 ☒ Citations

12. ☐ Preliminary Amendment

13. ☒ Return Receipt Postcard (MPEP 503)
 (Should be specifically itemized)

* Small Entity

14. ☐ Statement(s) ☐ Statement filed in prior application,
 (PTO/SB/09-12) Status still proper and desired

15. ☒ Certified Copy of Priority Document(s)
 (if foreign priority is claimed)

16. ☒ Other: application.data.sheet.

* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY
 FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT
 IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

*** NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____ / _____

Prior application information: Examiner _____ Group / Art Unit: _____

18. CORRESPONDENCE ADDRESS

☒ **Customer Number or Bar Code Label** 21828 or ☐ **Correspondence address below**
(Insert Customer No. or Attach bar code label here)

Name	CARRIER BLACKMAN & ASSOCIATES PC
------	----------------------------------

Address	24101 NOVI ROAD SUITE 100
---------	---------------------------

City	NOVI	State	MI	Zip Code	48375
------	------	-------	----	----------	-------

Country	UNITED STATES	Telephone	248-344-4422	Fax	248-344-1096
---------	---------------	-----------	--------------	-----	--------------

Name (Print/Type)	Joseph P. Carrier	Registration No. (Attorney/Agent)	31,748
-------------------	-------------------	-----------------------------------	--------

Signature	<i>John P. Carr</i>	Date	July 7, 03
-----------	---------------------	------	------------

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.